

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875

SERIAL NO.
09/706668
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4		1				
5	1					
6		1				
7		1				
8		3				
9		3				
10	1					
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50						
TOTAL IND.	1					
TOTAL DEP.						
TOTAL CLAIMS	1					

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	IND.	DEP.	IND.	DEP.
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				